	PLACE OF BUTH	457	•		
	1. County of Silver	ARIZON	ONA STATE BOARD OF HEALTH		
3.	District of	BUREAU OF V	TAL STATISTICS	State Index No	44
	Town of Acuefal		IFICATE OF BIRT		639
(* ·	7000.			Local Registrar No	.613
	City of	No		St	War
		If birth occurred in a	hospital or institution,	give its NAME instead of	street and number of yet named, mak
	2. Full name of child Cannu	ella Un	euro	supplemental	
	3. Sex of Child To be answered ONLY	4. Twin, triplet or of	ther	7. Date (1)	19 19:
	Jemal in event of plural births.	5. No., in order of b	irth	of birth Month	day year
	8. PATHER		14.	MOTHER -	
	Full hames	<i>f</i>	Full maiden same	aan a C	um
	manual an	mo	15. Residence	-cocco	7
$\mathbf{z}$	9. Residence (Usual place Abbytolian		(Usual place	A steplus	<b>1</b>
th stated.	If nonresident, give place and state		If nonresident,	give place and state	
ភ្ជ	18. Color or race		16. Golge or race		
<b>Z</b>	Minima	irthday 30 (Years	Munde	Are at last birthe	~27 com
order of	Market II. Age at last b	ir didey(x tars	/	W <sub>1</sub> =	
order	12. Birthplace (city of black)	naro	18. Birthplace (city	or place)	auce
5	(State or country) William	0	(State or co	Willer	es
·	13. Occupation	ノ ·	19. Occupation	$\mathcal{M}_{-}$	16:0
<b>\</b>	Nature of industry		Nature of indus	try	The
			·II .		
	20. Number of children of this mother (a) Born alive and now living 21. Were precautions taken against ophical (Taken as of time of birth of child herein (b) Born alive but now dead				
	certified and including this child.) (c) Stillborn				
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
	I hereby certify that I attended the birth of this child, who was Source at 10 11 date above stated.  (Born alive or stillborn.)				
	*When there was no attending physician or midwife, then the father, householder, etc., Signature Charles				
	i spodio make this return. A stuiborn chie	1 / / /		(Physician or mi	The contract of
	is one that neither breathes nor shows other evidences of life after birth.	Address	augh	- Cu	
	Given name added from a supplemental report	File#0\	1.8/1924., 19	15 F3 85)	ach
	Month, day, year.		11~ 0	4 Ay Line	al Registrar.
	Registrar.	Filed			ty Registrar.

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